Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
					(Colu			TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS					7. K		ſ	RATE	FEE] [RATE	FEE
FOR			NUMBER I	IUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 23 42 minus 20= *					. 19		ſ	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 4 / minus 3 = * (· 6			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in colu						olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
t . '	(Column 1) (Column 2) (Column 3							SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	en destroy an	CLAIMS REMAINING AFTER AMENDMENT	ento service	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 19	Minus	** 4	<u>2</u>	= Ø		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	*** / E	CLAIM	= 0		X40=		OR	X80=	
<u> </u>	THOTTRESE			LINDLIN	CLAIN			+135=		OR	+270=	
								TOTAL		OR	TOTAL	
		(Column 1)		(Colui	mn 2\	(Column 3)	А	DDIT. FEE	•		ADDIT. FEE	
AMENDMENT B	a .	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	-Total	*	Minus	-**·		-=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	. ,	OR	X80=	
L	FIRST PRESE	NTATION OF MI	JUIPLE DEF	PENDEN	CLAIM		!	+135=		OR	+270=	
							L	TOTAL			TOTAL	
(Oalesse 4)								ODIT. FEE			ADDIT. FEE	
_	CONTRACTOR	(Column 1) CLAIMS	*** Fee (***)	(Colui		(Column 3)	۱ –					
AMENDMENT C	The second	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	
	THOTTRESE	THAT OF W	OLIN LE DEF	LINDEIN	CLANVI		' -	+135=		OR	+270=	
•	f the entry in colu	mn 1 is less than the	ne entry in colu	mn 2, write	e "0" in col	umn 3. n 20. enter "20."	_ _ _	TOTAL		OB	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												